CASO CLINICO

Paciente masculino de 60 años, que presenta pancitopenia y blastos en SP.

INFORME

* Linfocitos Totales: 20 %
* Plasmocitos: no estudiados
* Monocitos: 29 %
* Células dendríticas: 1,2 %
* **Gr. neutrófilos: 41 %**
* Gr. eosinófilos: 1,5 %
* Basófilos:0,5 %
* BLASTOS MIELOIDES : 6,7 % VER CELULAS PATOLOGICAS
* Eritrocitos nucleados: 0,9 %

*Serie granulocítica con marcado desvío a la izquirda y presencia de formas inmaduras.

*Serie monocítica aumentada con desvío a la izquierda.

*Basófilos y células dendríticas plasmocitoides aumentadas.

CONCLUSIONES

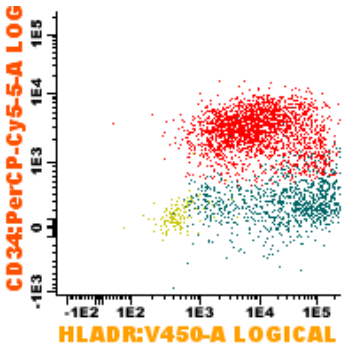
Se observan 6,7% de blastos mieloides y marcados rasgos de dishemopoyesis en serie granulomonocítica.

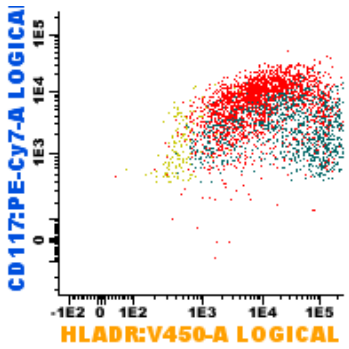
Se sugiere enviar muestra de MO para evaluar el status medular, de acuerdo a lo recomendado por las guías internacionales para el estudio de SMD.

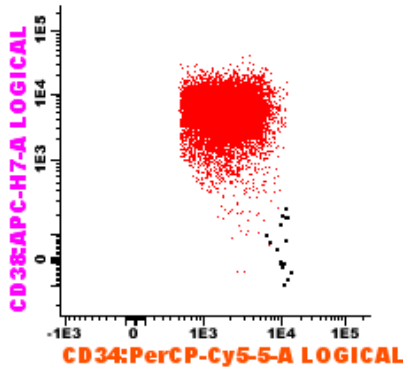
CASO CLINICO

Se realiza punción de MO el 04/01/2016 y el 7/06/2016, presentando alteraciones en precursores y células maduras, no habiendo grandes cambios en ese período entre ambas punciones.

Precursores CD34+ y CD34neg CD117+

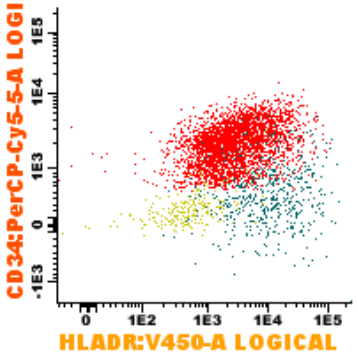


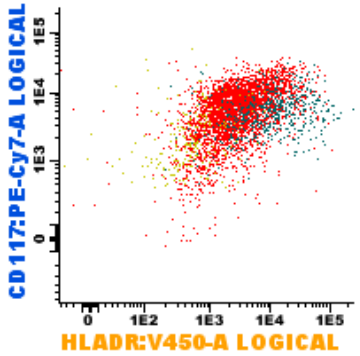


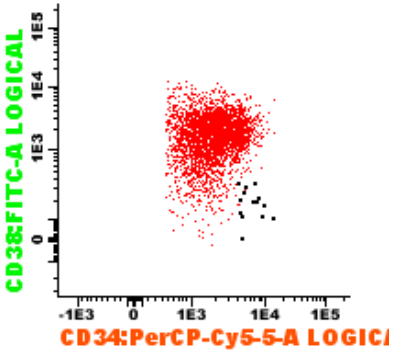


04/01/2016

9,5% de blastos





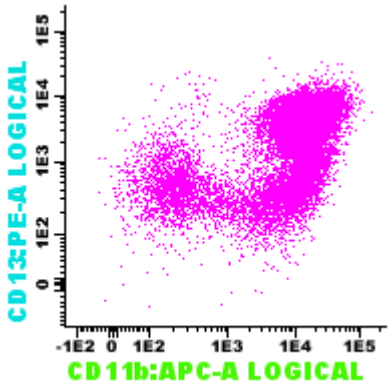


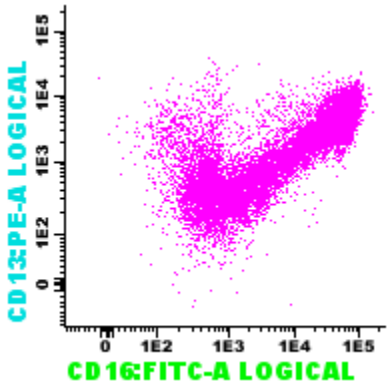
07/06/2016

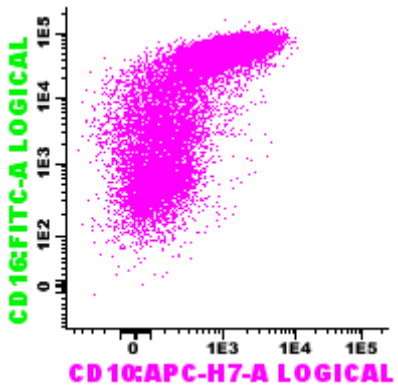
7% de blastos

Serie granulocítica

04/01/2016

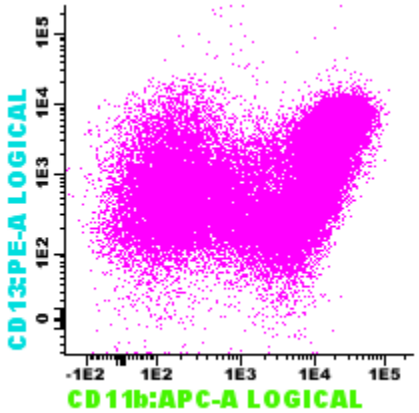


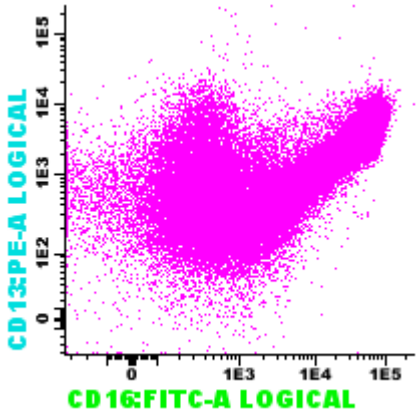


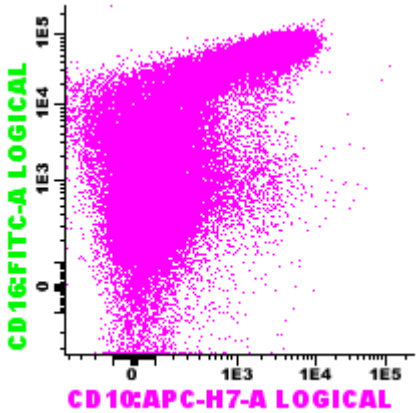


Serie granulocítica con bloqueo en la maduración

07/06/2016

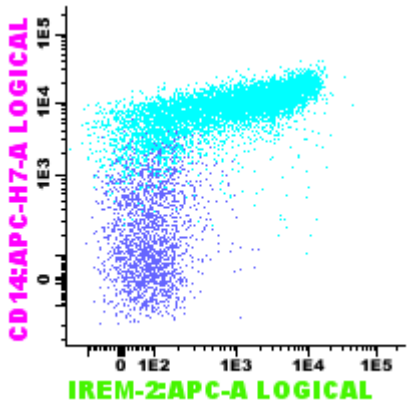


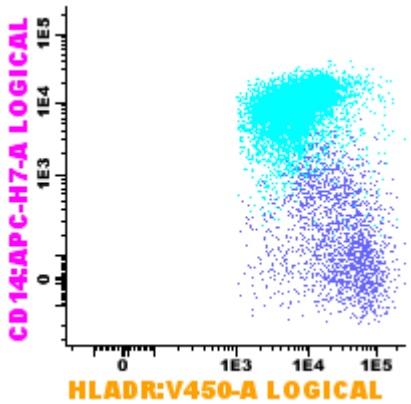


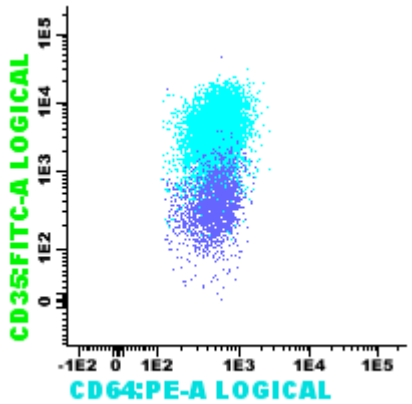


Serie monocítica

04/01/2016

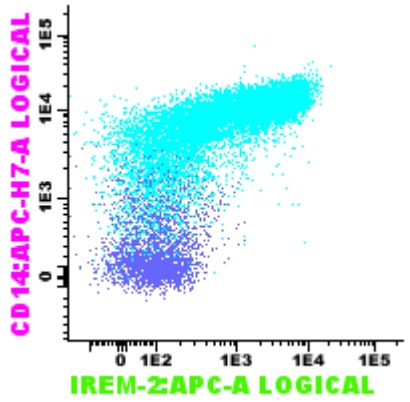


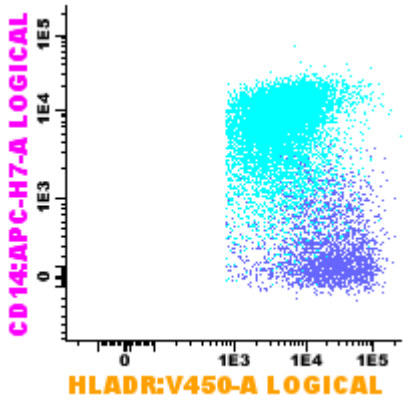


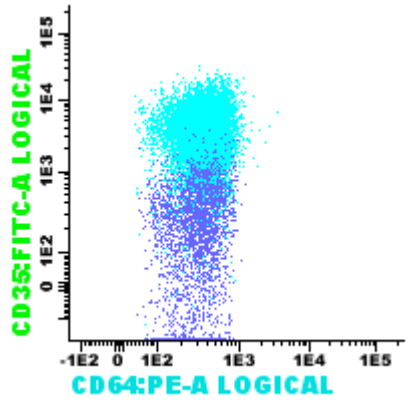


Serie monocítica
muy aumentada,
con 20% de promonocitos
y sobreexpresión de MPO

07/06/2016

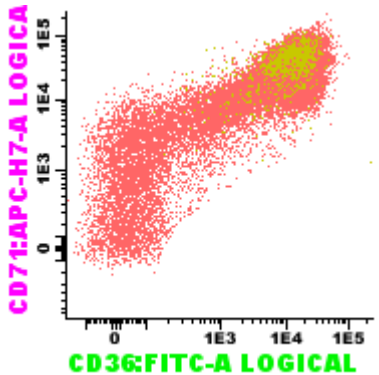


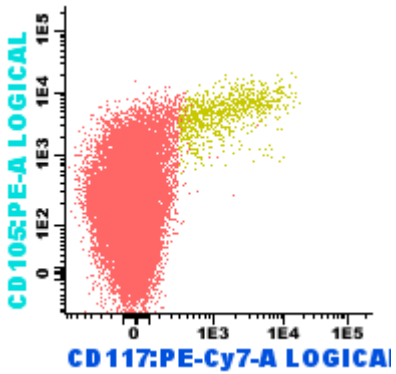


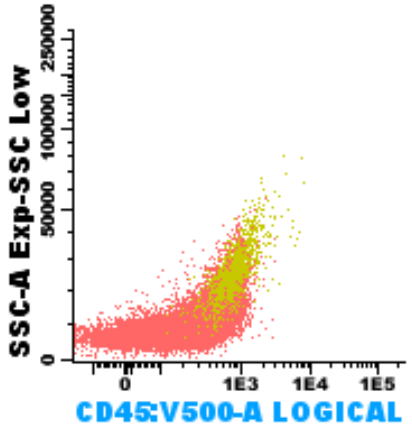


Serie eritroide

04/01/2016

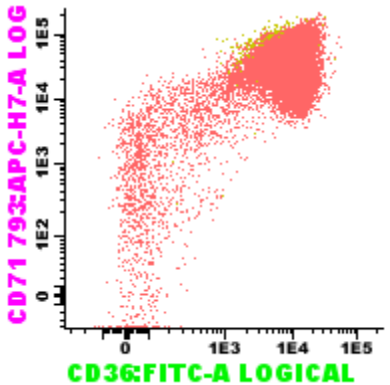


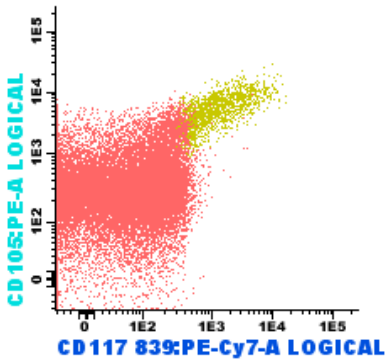


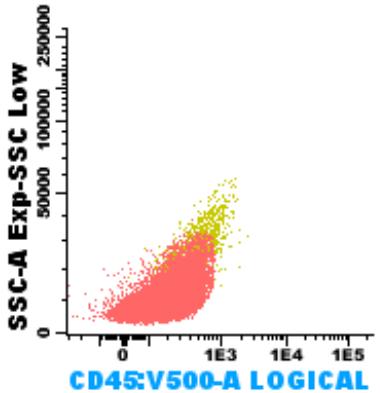


Serie eritroide aumentada con expresión parcial de CD36 y CD71

07/06/2016







CONCLUSION x CMF:
Se observan blastos mieloides y rasgos de dishemopoyesis en serie granulomonocítica, compatible con un Sindrome Mielodisplásico

En la biopsia por histopatología el resultado fue Mielodisplasia con exceso de blastos.

El citogenético informe un cariotipo complejo.

El paciente fue tratado con agentes hipometilantes, se mantuvo estable en un comienzo y evolucionó luego de un año a Leucemia Aguda y falleció.